

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE STAMP (Received)
MAY 24 2016
Bayfield Co. Zoning Dept.

Permit #:	16-0152
Date:	6-13-16
Amount Paid:	\$800
Refund:	6-13-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Diane B. Willis	Mailing Address: 8043 Clearwater Rwy Bayfield, WI 54814	City/State/Zip: Indianapolis, IN 46240	Telephone: 317-557-5589
Address of Property: 33595 Mulligan Rd.		City/State/Zip: Bayfield, WI 54814	Cell Phone: 317-557-5589
Contractor: Darl Construction Co.	Contractor Phone: 715-779-9912	Plumber: —	Plumber Phone: —
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Stephen Schrauthagel, Architect		Agent Phone: 715-182-0330	Agent Mailing Address (include City/State/Zip): 803 Lake Shore Dr. W Ashland, WI 54806
PROJECT LOCATION	Legal Description: (Use Tax Statement) 1/4, 1/4	PIN: (23 digits) 04-006-2-50-04-21-4	Recorded Document: (i.e. Property Ownership) Volume 779 Page(s) 926
	Gov't Lot	Lot(s)	CSM
	Vol & Page	Lot(s) No.	Block(s) No.
Section 21 , Township 50 N, Range 4 W	Town of: Bayfield		Lot Size
			Acreage 16.45

<input type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →	Distance Structure is from Shoreline: 1600 ft	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$ 120,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property X APT	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> Well	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 24	Height: 25' 2"
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X)		
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(36 X 24)	1458	
	with Loft	(24 X 24)	576	
	with a Porch	(8 X 12)	96	
	with (2 nd) Deck	(<input type="checkbox"/> X)		
	with a Deck	(42 X 4)	168	
	with (2 nd) Deck	(<input type="checkbox"/> X)		
	with Attached Garage	(<input type="checkbox"/> X)		
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(18.6 X 15.5)	452	
	Mobile Home (manufactured date)	(<input type="checkbox"/> X)		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	(<input type="checkbox"/> X)		
	<input type="checkbox"/> Accessory Building (specify)	(<input type="checkbox"/> X)		
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X)		
		(<input type="checkbox"/> X)		
		(<input type="checkbox"/> X)		
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(<input type="checkbox"/> X)		
	Conditional Use: (explain)	(<input type="checkbox"/> X)		
	Other: (explain)	(<input type="checkbox"/> X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(if there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date **6/24/16**

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **803 Lake Shore Dr. W PO Box 636 Ashland, WI 54806**

Attach
Copy of Tax Statement

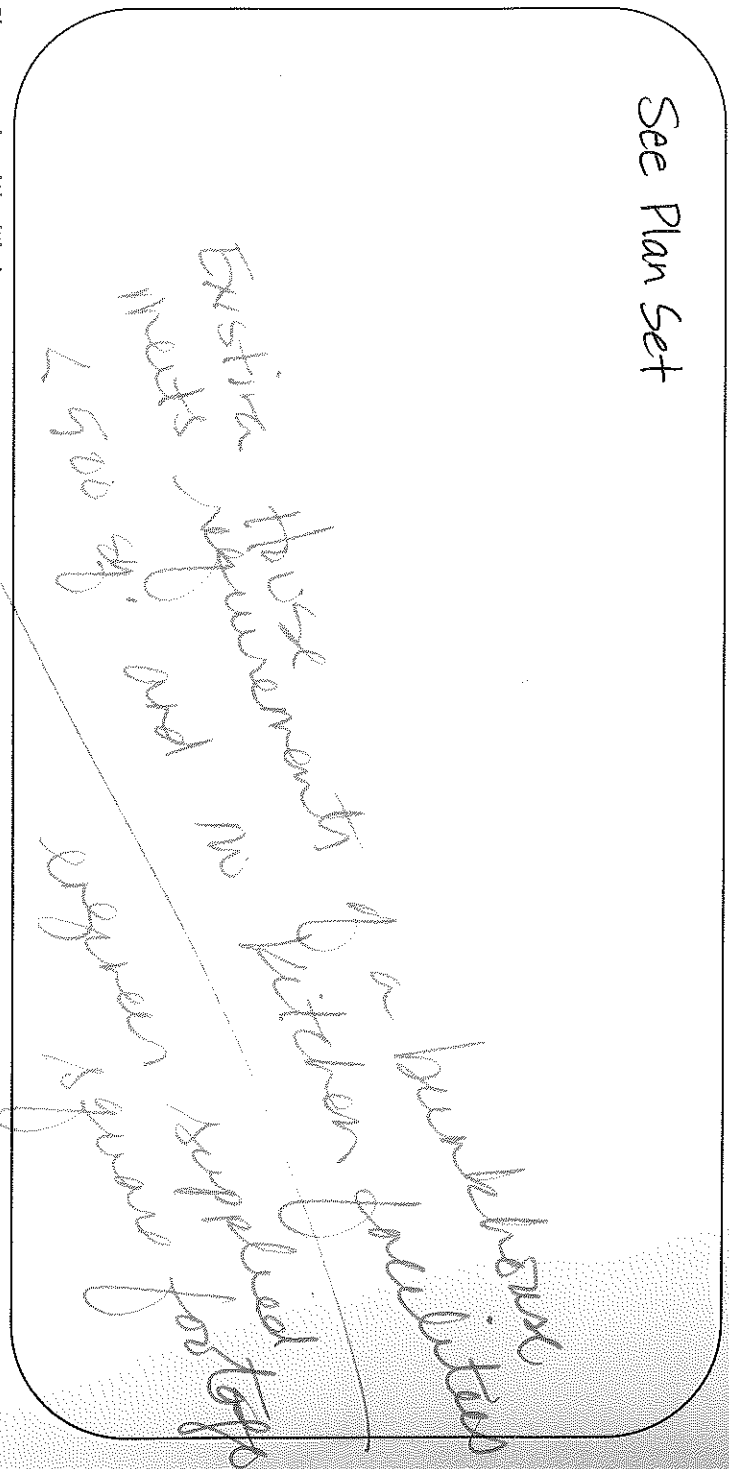
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Plan Set



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1400 +/- Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	600 +/- Feet
Setback from the North Lot Line	1085 +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	220 +/- Feet	Setback from Wetland	Feet
Setback from the West Lot Line	305 +/- Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	930 +/- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	110 +/- Feet	Setback to Well	60 +/- Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 200 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

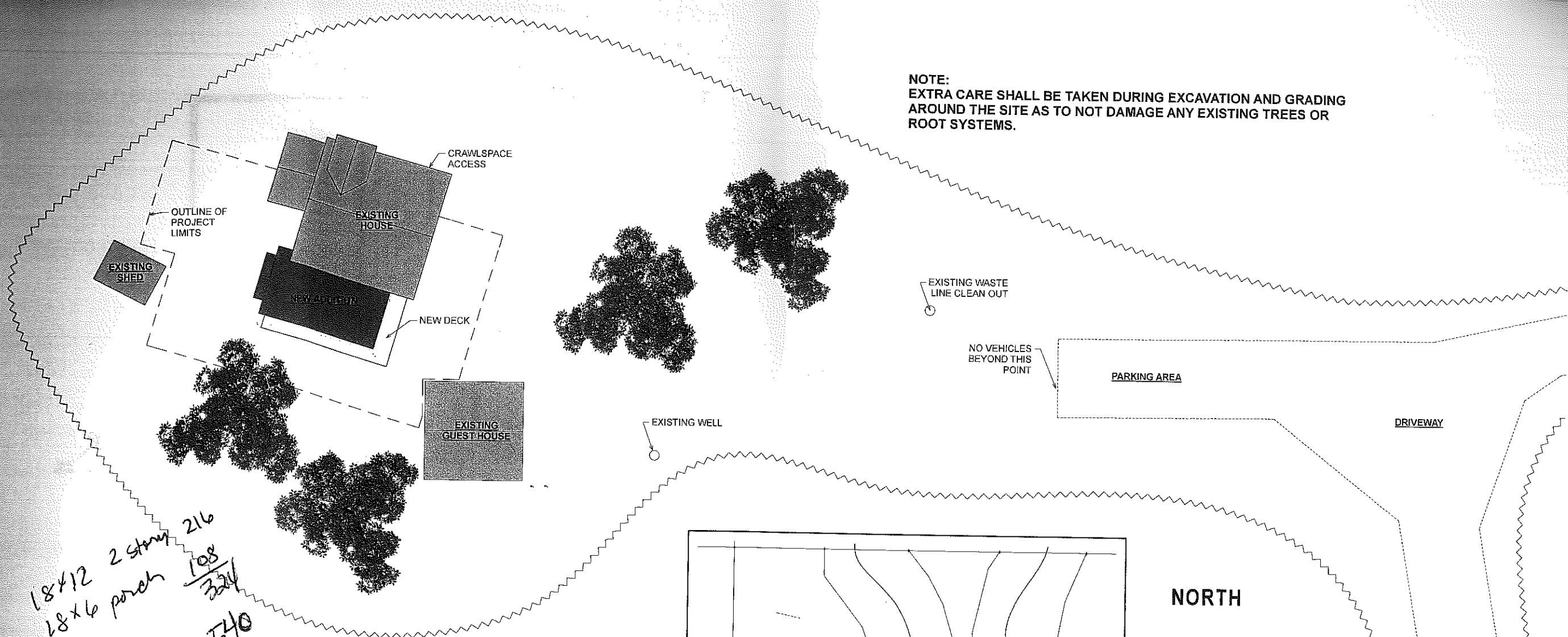
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

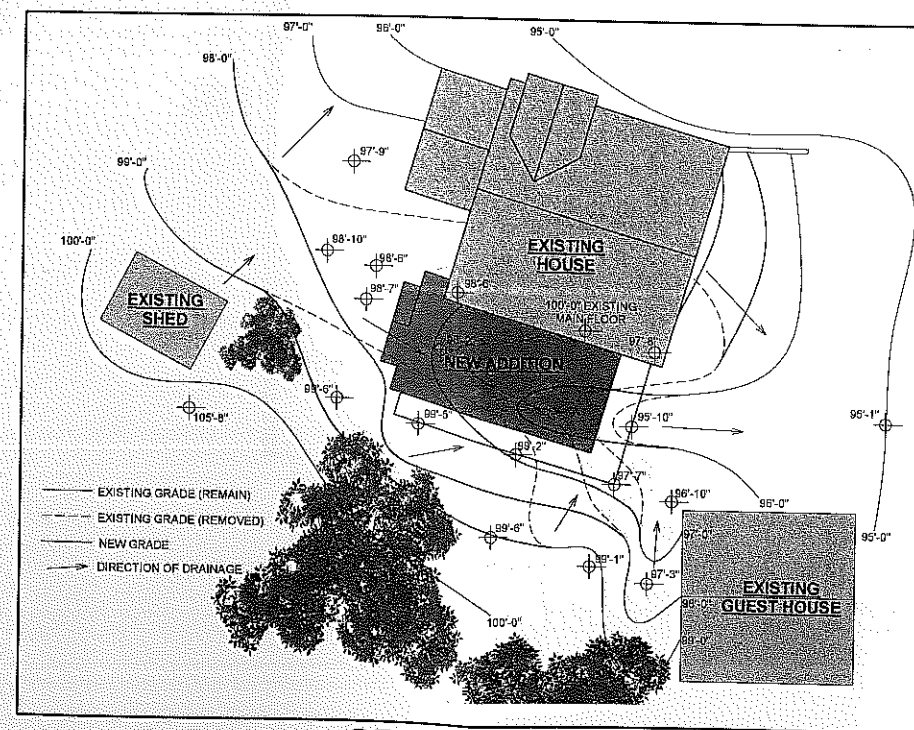
Issuance Information (County Use Only)	Sanitary Number: <u>06-2453</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>10.30.2006</u>
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>16-0150</u>	Permit Date: <u>6-13-16</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>no permit for residence when I went to inspect addition to it. Two permit abattoir that violation.</u>			
Date of Inspection: <u>May 20, 2016</u>	Inspected by: <u>James M. Murphy</u>		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)			
<u>UDC permit + inspection shall be obtained + complied with. Residence shall remain less than 500 sq. enclosed driveway space & shall not have kitchen facilities.</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>6-13-16</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

box below
(1) Sh
(2) Sh
(3) Sh
(4) Sh

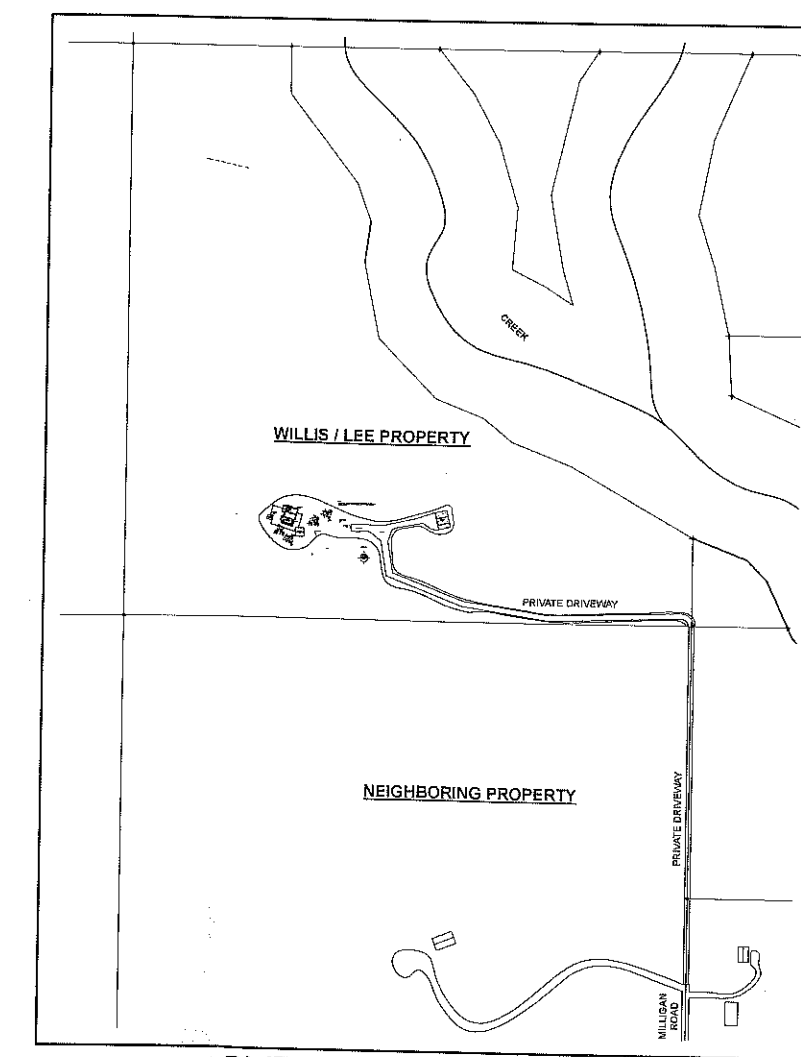


18x12 2 story 216
18x6 porch 108
324
540

ENLARGED SITE PLAN
SCALE: 1" = 10'

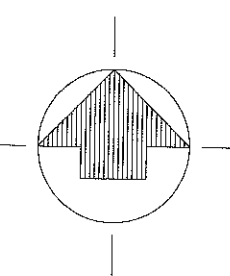


GRADING PLAN
SCALE: 1" = 10'



OVERALL SITE PLAN
SCALE: 1" = 200'

NORTH



ADDRESS:
33595 MILLIGAN ROAD
BAYFIELD, WI 54814

LEGAL DESCRIPTION:
S21 T50N R04W
TOWN OF BAYFIELD
NW SE LESS ST RESERVE IN
V.799 P.926 TOG WITH EASE 335

PROPOSED ADDITION FOR:
DIANE WILLIS & CLYDE LEE
33595 MILLIGAN ROAD, BAYFIELD, WI 54814

SITE PLAN

CS Design & Engineering, Inc.
803 Lake Shore Drive West
Ashland, Wisconsin 54806
Telephone (715) 682-0330
Fax (715) 682-4308
E-Mail: csdesign@ncis.net
www.csdesignengineering.com

APPROVED

REVISIONS

DESIGNED: S.G.S

DRAWN: B.L.W.

SCALE: AS NOTED

DATE: JANUARY 2016

PROJECT NO.

14-2726

SHEET NO.

A-2

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PRINTED: 4/26/2016

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 06 2016
Bayfield Co. Zoning Dept.

Permit #: 16-0153
Date: 6-13-16
Amount Paid: \$185
Refund: 6-13-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Diane B. Willis
Address of Property: 33595 Milligan Road
City/State/Zip: Bayfield, WI 54814
Mailing Address: 8043 Clearwater Pkwy
City/State/Zip: Indianapolis, IN 46240
Telephone: 317-557-5589
Cell Phone: 317-557-5589
Plumber Phone: _____

Contractor: Dan'l Construction Co.
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Name: Stephen G. Schaufstengel, Architect
Agent Phone: 715-779-9912
Agent Mailing Address (include City/State/Zip): 803 Lake Shore Dr. W PO Box 636 Ashland, WI 54806
Plumber: _____
Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
1/4, _____ 1/4
PIN: (23 digits) 04-006-2-50-04-21-4 02-000-10000
Recorded Document: (i.e. Property Ownership) Volume 799 Page(s) 926

Section 21, Township 50 N, Range 04 W
Town of: Bayfield
Lot Size: 16.45 Acres

☒ Shoreland ☐ Non-Shoreland
☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue ☒ If yes--continue
Distance Structure is from Shoreline: 600+ feet
Distance Structure is from Shoreline: _____ feet
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$45,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> X Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing blue)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation		<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)
Length: 24' Width: 24' Height: 23' 2 1/2"
Proposed Construction: Length: 24'-6" Width: 12'-6" Height: 12'-8"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
<input type="checkbox"/> Commercial Use	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
	with Attached Garage	() X ()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) Entry Addition	(24'-6" X 12'-6")	306
	<input type="checkbox"/> Accessory Building (specify)	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X ()	
	<input type="checkbox"/> Special Use: (explain)	() X ()	
	<input type="checkbox"/> Conditional Use: (explain)	() X ()	
Other: (explain)		() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 5/5/16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 803 Lake Shore Dr. W. PO Box 636 Ashland, WI 54806
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: **North (N) or Plot Plan**
 - (2) Show / Indicate: **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 - (3) Show Location of (*): **All Existing Structures on your Property**
 - (4) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 - (5) Show: **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 - (6) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**
 - (7) Show any (*):

See attached Plan Set

06-2455 2000 G HT
07-0055 780 sq' Addition
87-7685? Residence 2 stories (SESE) Re-h Rd
06-5359 2330 sq' residence

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1400 +/- Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	1000 +/- Feet
Setback from the North Lot Line	1085 +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	220 +/- Feet	Setback from Wetland	Feet
Setback from the West Lot Line	305 +/- Feet	20% Slope Area on Property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	930 +/- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	110 +/- Feet	Setback to Well	120' +/- Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>06-2455</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>10-30-2006</u>			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>16-0153</u>	Permit Date: <u>6-13-16</u>						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner			
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed			
Inspection Record: <u>ATF for house approved.</u>							
Date of Inspection: <u>5-20-16</u>		Inspected by: <u>CECILE M. NORTON</u>		Zoning District: <u>(F-1)</u>			
Condition(s): <u>Town, Committee or Board Conditions Attached?</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)		Lakes Classification: <u>(3. Stream/Creek)</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>6-13-16</u>					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

